

Health & Families Council

Tuesday, April 25, 2006 9:00 AM – 10:00 AM Reed Hall

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Amendment to HB 577 CS by Rep. Garcia

Amendment #1 conforms HB 577 CS to the CS for SB 1000, and specifies that the comprehensive geriatric fall prevention program for Medicaid recipients in Miami-Dade County shall serve up to 7,000 Medicaid recipients during the first year of operation.

Amendment No. 1(for drafter's use only)

Bill No. HB 577 CS

COUNCIL/COMMITTEE ACTION

ADOPTED _____(Y/N)
ADOPTED AS AMENDED _____(Y/N)
ADOPTED W/O OBJECTION ______(Y/N)
FAILED TO ADOPT ______(Y/N)
WITHDRAWN ______(Y/N)
OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment

Remove line(s) 26-34 and insert:

(1) (a) The Agency for Health Care Administration shall establish a comprehensive geriatric fall prevention program for Medicaid recipients in Miami-Dade County. The program shall be evidence-based and shall expand the geriatric fall prevention demonstration project awarded under contract in 2002 by the Agency for Health Care Administration. The program shall serve up to 7,000 Medicaid recipients during the first year of operation and shall be in operation within 120 days after the effective date of this act.

Amendment No. 2 (for drafter's use only)

Bill No. HB 577 CS

COUNCIL/COMMITTEE ACTION ADOPTED __ (Y/N) ADOPTED AS AMENDED __ (Y/N) ADOPTED W/O OBJECTION __ (Y/N) FAILED TO ADOPT __ (Y/N) WITHDRAWN __ (Y/N) OTHER

Council/Committee hearing bill: Health & Families Council
Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 52-55 and insert:

Section 2. Paragraph (e) of subsection (5) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other 000000

Amendment No. 2 (for drafter's use only) 22 alternative service delivery and reimbursement methodologies, 23 including competitive bidding pursuant to s. 287.057, designed 24 to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid singlesource-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based 000000

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Amendment No. 2 (for drafter's use only) on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than longterm rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

Administration, in partnership with the Department of Elderly Affairs, shall create an integrated, fixed-payment delivery system for Medicaid recipients who are 60 years of age or older. The Agency for Health Care Administration shall implement the integrated system initially on a pilot basis in two areas of the state. In one of the areas enrollment shall be on a voluntary basis. The program must transfer all Medicaid services for eligible elderly individuals who choose to participate into an integrated-care management model designed to serve Medicaid recipients in the community. The program must combine all 000000

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Amendment No. 2 (for drafter's use only) funding for Medicaid services provided to individuals 60 years of age or older into the integrated system, including funds for Medicaid home and community-based waiver services; all Medicaid services authorized in ss. 409.905 and 409.906, excluding funds for Medicaid nursing home services unless the agency is able to demonstrate how the integration of the funds will improve coordinated care for these services in a less costly manner; and Medicare coinsurance and deductibles for persons dually eligible for Medicaid and Medicare as prescribed in s. 409.908(13).

- (e) The agency may seek federal waivers and adopt rules as necessary to administer the integrated system and may implement the approved waiver. The agency must receive specific authorization from the Legislature prior to implementing the waiver for the integrated system.
- (f) It is the intent of the Legislature that if any conflict exists between the provisions contained in this section and other provisions of this chapter which relate to the implementation of the Medicaid integrated system, the provisions contained in this section shall control.

Section 3. This act shall take effect July 1, 2006. However, section 1 is effective only if a specific appropriation to fund the Medicaid comprehensive geriatric fall prevention program is made in the General Appropriations Act for fiscal year 2006-2007.

Remove line(s) 17-18 and insert:

a certain form of reimbursement; amending s. 409.912, F.S.; providing that the Agency for Health Care Administration may 000000

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Amendment No. 2 (for drafter's use only)

- 112 implement the approved waiver; providing applicability;
- providing an effective date with contingency.

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Amendment to HB 619 CS by Rep. Gibson

The amendment conforms the bill to the Senate bill by reauthorizing the position of Assistant Secretary for Substance Abuse and Mental Health and the Program Offices of Mental Health and Substance Abuse in the Department of Children and Family Services, as repealed by chapter 2003-279, L.O.F.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. 619

COUNCIL/COMMITTEE ACTION

ADOPTED ____(Y/N)
ADOPTED AS AMENDED ____(Y/N)
ADOPTED W/O OBJECTION ____(Y/N)
FAILED TO ADOPT ____(Y/N)
WITHDRAWN ____(Y/N)
OTHER

Council/Committee hearing bill: Health and Families Council Representative(s) Gibson offered the following:

Amendment (with directory and title amendments)

Between line(s) 263 and 264, insert:

Section 3. Section 3 of chapter 2003-279, Laws of Florida, is repealed.

========= T I T L E A M E N D M E N T ==========

Remove line (24) and insert:

facility; repealing s. 3 of ch. 2003-279, Laws of Florida;

deleting the expiration date of s. 20.19(2)(c) and (4)(b)6 and

8., F.S., relating to the Mental Health and Substance Abuse

Program Offices and the appointment of the Assistant Secretary

for Substance Abuse and Mental Health and other personnel;

providing an effective date.

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Amendment to HB 1623 CS by Rep. Bean

Amendment #1 provides that the Agency for Persons with Disabilities may create the Interagency Services Committee for Youth and Young Adults with Disabilities, specifies that the Committee may invite representation from certain private and public parties, and changes the bill's effective date to reflect that the act is effective upon becoming a law.

Amendment No. 1 (for drafter's use only)

Bill No. HB 1623 CS

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
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FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health & Families Council Representative(s) Bean offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

- Section 1. <u>Interagency Services Committee for Youth and</u>
 Young Adults with Disabilities.--
- (1) The Agency for Persons with Disabilities may create the Interagency Services Committee for Youth and Young Adults with Disabilities. It is the intent of the Legislature that the committee develop strategies to ensure successful transition to employment or further education of youth and young adults with disabilities and to eliminate barriers that impede educational opportunities leading to future employment.
- (2) (a) The committee shall consist of heads, or their designees, of the following agencies and bureaus or divisions of agencies: the Department of Education and, in that department, the Bureau of Exceptional Education and Student Services, the Division of Vocational Rehabilitation, the Division of Blind Services, the Division of Community Colleges, workforce education, and the office of interagency programs; the Agency

Amendment No. 1 (for drafter's use only)

23	for Persons with Disabilities; the Agency for Health Care
24	Administration; the Division of Children's Medical Services
25	Network in the Department of Health; children's mental health in
26	the Department of Children and Family Services; the Department
27	of Juvenile Justice; the Department of Corrections; the
28	Commission for the Transportation Disadvantaged; and the Florida
29	Housing Finance Corporation. Agency representatives must be at
30	least at the bureau chief level. The committee may invite
31	representation from the following private and public parties:
32	the Able Trust; the Business Leadership Network; the Florida
33	Advocacy Center; the Governor's Americans with Disabilities Act
34	Working Group; the Florida Association for Centers for
35	Independent Living; an individual with a disability; and a
36	parent or guardian of an individual with a disability. The
37	members of the committee shall designate one of its members as
38	chairperson.

- (b) The Department of Children and Family Services, the Department of Education, the Department of Health, and the Agency for Persons with Disabilities shall provide staff support to the committee. Meetings and records of the committee are subject to ss. 119.07 and 286.011, Florida Statutes. The chairperson may designate one of the agencies providing staff support to perform administrative responsibilities for the committee.
- (c) Committee members shall serve without compensation but are entitled to reimbursement for expenses incurred in carrying out their duties as provided in s. 112.061, Florida Statutes.

 Members who are public officers or employees shall be reimbursed through the budget entity through which they are compensated.

 Reimbursement for members who are not public officers or

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Amendment No. 1 (for drafter's use only) employees shall alternate between the budget entities represented on the committee.

- (3) The committee shall:
- Identify the roles and responsibilities of each agency with regard to the committee goals.
- (b) Develop collaborative relationships to identify and assist in removing federal and state barriers to achieving the goals.
- (c) Identify common or comparable performance measures for all agencies that serve youth and young adults with disabilities.
- (d) Design a mechanism to annually assess the progress toward the goals by each agency.
- (e) Collect and disseminate information on research-based practices of state and local agencies on successful strategies.
- (f) Develop strategies to educate public and private employers on the benefit of hiring persons with disabilities.
- (g) Develop strategies to encourage and provide incentives for public and private employers to hire persons with disabilities.
- (h) Recommend a statewide system of accountability which would include incentives for persons with disabilities; service providers, including school districts, technical centers, and community colleges; and businesses and industries providing integrated competitive employment to individuals with disabilities.
- (4) The committee shall present a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, 2007, and a final report on its findings and recommendations by January 1, 2008. The committee is abolished on June 1, 2008.

Amendment No. 1 (for drafter's use only)

Section 2. This act shall take effect upon becoming a law.

========== T I T L E A M E N D M E N T ===========

Remove the entire title and insert:

A bill to be entitled

An act relating to youth and young adults with disabilities; creating the Interagency Services Committee for Youth and Young Adults with Disabilities; providing legislative intent; providing that the committee be staffed by member agencies of the committee; providing for the membership of the committee; providing duties and responsibilities for the committee; requiring the committee to submit a report to the Governor and the Legislature; providing an effective date.

Council/Committee: Health & Families Council					Bill	Number	HB	0	3 CS		
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Strike all Amendment to HB 7173 CS (Welfare of Children) by Rep. Galvano

HB 7173 CS establishes a centralized office to examine, oversee, and implement abuse prevention services by creating the Office of Child Abuse Prevention within the Executive Office of the Governor.

The bill strengthens the ability of Statewide and Local Advocacy Councils (SAC) to monitor, investigate, and resolve claims of abuse and neglect. Requires a written protocol for all complaints generated by the statewide council. Defines the clients of the council as the Agency for Persons with Disabilities, the Agency for Health Care Administration, the Department of Children and Family Services, and the Department of Elder Affairs.

The bill also addresses the welfare of young adults aging out of the foster care system by expanding the Medicaid eligibility criteria to include 18 and 19 year old young adults. Requires DCF to maintain oversight of the program and report on the outcome measures to the Legislature.

The bill makes public school employees subject to the reporting requirements of chapter 39, F.S., for purposes of making reports of alleged abuse to the central abuse hotline.

Because of an exemption from regulation by both the Department of Children and Family Services and the Department of Education, the bill requires boarding schools to be accredited by the Florida Council of Independent Schools or the Southern Association of Colleges and Schools.

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Bill No. HB 7173 CS

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	$\frac{-(Y/N)}{(Y/N)}$
ADOPTED W/O OBJECTION	V(X/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health and Families

Council Representative(s) Galvano) offers the following

amendment:

Amendment (with Title Amendment)

Remove everything after the enacting clause and insert:
Section 1. Subsections (1) and (6) of section 39.001,
Florida Statutes, are amended, subsections (7) and (8) are
renumbered as subsections (8) and (9) and amended, present
subsection (9) is renumbered as subsection (10), and new
subsections (7), (11), and (12) are added to that section, to
read:

- 39.001 Purposes and intent; personnel standards and screening.--
- (1) PURPOSES OF CHAPTER. -- The purposes of this chapter are:
- (a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; and to promote the health and wellbeing of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

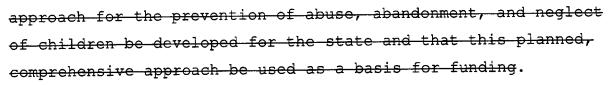
- (b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. Therefore, the Legislature finds that policies and procedures that provide for prevention and intervention through the department's child protection system should be based on the following principles:
- 1. The health and safety of the children served shall be of paramount concern.
- 2. The <u>prevention and</u> intervention should engage families in constructive, supportive, and nonadversarial relationships.
- 3. The <u>prevention and</u> intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and take the most parsimonious path to remedy a family's problems.
- 4. The <u>prevention and</u> intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.
- (c) To provide a child protection system that reflects a partnership between the department, other agencies, and local communities.
- (d) To provide a child protection system that is sensitive to the social and cultural diversity of the state.
- (e) To provide procedures which allow the department to respond to reports of child abuse, abandonment, or neglect in the most efficient and effective manner that ensures the health and safety of children and the integrity of families.
- (f) To preserve and strengthen the child's family ties whenever possible, removing the child from parental custody only

when his or her welfare cannot be adequately safeguarded without such removal.

- (g) To ensure that the parent or legal custodian from whose custody the child has been taken assists the department to the fullest extent possible in locating relatives suitable to serve as caregivers for the child.
- (h) To ensure that permanent placement with the biological or adoptive family is achieved as soon as possible for every child in foster care and that no child remains in foster care longer than 1 year.
- (i) To secure for the child, when removal of the child from his or her own family is necessary, custody, care, and discipline as nearly as possible equivalent to that which should have been given by the parents; and to ensure, in all cases in which a child must be removed from parental custody, that the child is placed in an approved relative home, licensed foster home, adoptive home, or independent living program that provides the most stable and potentially permanent living arrangement for the child, as determined by the court. All placements shall be in a safe environment where drugs and alcohol are not abused.
- (j) To ensure that, when reunification or adoption is not possible, the child will be prepared for alternative permanency goals or placements, to include, but not be limited to, long-term foster care, independent living, custody to a relative on a permanent basis with or without legal guardianship, or custody to a foster parent or legal custodian on a permanent basis with or without legal guardianship.
- (k) To make every possible effort, when two or more children who are in the care or under the supervision of the department are siblings, to place the siblings in the same home; and in the event of permanent placement of the siblings, to

place them in the same adoptive home or, if the siblings are separated, to keep them in contact with each other.

- (1) To provide judicial and other procedures to assure due process through which children, parents, and guardians and other interested parties are assured fair hearings by a respectful and respected court or other tribunal and the recognition, protection, and enforcement of their constitutional and other legal rights, while ensuring that public safety interests and the authority and dignity of the courts are adequately protected.
- (m) To ensure that children under the jurisdiction of the courts are provided equal treatment with respect to goals, objectives, services, and case plans, without regard to the location of their placement. It is the further intent of the Legislature that, when children are removed from their homes, disruption to their education be minimized to the extent possible.
- (n) To create and maintain an integrated prevention framework that enables local communities, state agencies, and organizations to collaborate to implement efficient and properly applied evidence-based child abuse prevention practices.
- ABANDONMENT, AND NEGLECT OF CHILDREN.—The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that an Office of Child Abuse Prevention be established a comprehensive



- (7) OFFICE OF CHILD ABUSE PREVENTION. --
- (a) For purposes of establishing a comprehensive statewide approach for the prevention of child abuse, abandonment, and neglect, the Office of Child Abuse Prevention is created within the Executive Office of the Governor. The Governor shall appoint a director for the office who shall be subject to confirmation by the Senate.
 - (b) The director shall:
- 1. Assist in developing rules pertaining to implementation of child abuse prevention efforts.
- 2. Act as the Governor's liaison with state agencies, other state governments, and the public and private sectors on matters that relate to child abuse prevention.
- 3. Work to secure funding and other support for the state's child abuse prevention efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.
- 4. Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to child abuse prevention. The office may designate lead and contributing agencies to develop such initiatives.
- 5. Advise the Governor and the Legislature on child abuse trends in this state, the status of current child abuse prevention programs and services, the funding of those programs and services, and the status of the office with regard to the development and implementation of the state child abuse prevention strategy.

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44	6.	Develop	child	abuse	prevention	pub	lic av	wareness
145	campaigns	to be	impleme	ented	throughout	the	state	<u>.</u>

- (c) The office is authorized and directed to:
- 1. Oversee the preparation and implementation of the state plan established under subsection (8) and revise and update the state plan as necessary.
- 2. Provide for, or make available continuing professional education and training in the prevention of child abuse and neglect.
- 3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and other public and private sources in order to ensure that sufficient funds are available for prevention efforts.
- 4. Make recommendations pertaining to agreements or contracts for the establishment and development of:
- a. Programs and services for the prevention of child abuse and neglect.
- b. Training programs for the prevention of child abuse and neglect.
- c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.
- 5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the secretary of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:

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- a. A summary of the activities of the office.
- b. A summary detailing the demographic and geographic characteristics of families served by the prevention programs.
- c. Recommendations, by state agency, for the further development and improvement of services and programs for the prevention of child abuse and neglect.
- d. The budget requests and prevention program needs by state agency.
 - (8) (7) PLAN FOR COMPREHENSIVE APPROACH. --
- The office department shall develop a state plan for the prevention of abuse, abandonment, and neglect of children and shall submit the state plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than December 31, 2007 January 1, 1983. The Department of Children and Family Services, the Department of Corrections, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, the Agency for Persons with Disabilities, and the Agency for Workforce Innovation The Department of Education and the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; community-based care lead agencies; private or public organizations or programs with recognized expertise in

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working with child abuse prevention programs for children and families; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies; and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

- (b) The development of the comprehensive state plan shall be accomplished in the following manner:
- 1. The office shall establish a Child Abuse Prevention Advisory Council composed of representatives from each state agency and appropriate local agencies and organizations specified in paragraph (a). The advisory council shall serve as the research arm of the office and The department shall establish an interprogram task force comprised of the Program Director for Family Safety, or a designee, a representative from the Child Care Services Program Office, a representative from the Family Safety Program Office, a representative from the Mental Health Program Office, a representative from the Substance Abuse Program Office, a representative from the Developmental Disabilities Program Office, and a representative from the Division of Children's Medical Services Prevention and Intervention of the Department of Health. Representatives of the Department of Law Enforcement and of the Department of Education

shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:

- a. Assisting in developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse, abandonment, and neglect conducted by the office department in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.
- b. Assisting in providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.
- c. Providing the districts with technical assistance in the development of local plans of action, if requested.
- d. Assisting in examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.
- e. Assisting in preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the incorporation into the state plan collapsing of information obtained from the local plans, the cooperative plans with the members of the advisory council Department of Education, and the plan of action for coordination and integration of state departmental activities into one comprehensive plan. The state comprehensive plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the state plan shall provide an analysis and summary of each element of the local

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plans to provide a statewide perspective. The <u>state</u> plan shall also include each separate local plan of action.

- f. Conducting a feasibility study on the establishment of a Children's Cabinet.
- g.f. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.
- 2. The office, the department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.
- 3. The office, the department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.
- 4. Within existing appropriations, the <u>office department</u> shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.
- 5. The <u>office</u>, the department, the Department of Education, and the Department of Health shall work together on

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the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the comprehensive state plan for the prevention of child abuse, abandonment, and neglect.

Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the advisory council interprogram task force for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in this paragraph (a), as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the office district administrator in each district shall establish a task force on the prevention of child abuse, abandonment, and neglect. The office district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. The office In addition, the district administrator shall ensure that each subdistrict is represented on the task force; and, if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall

responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

- a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.
- b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse, abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.
- c. A continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.
- d. A description, documentation, and priority ranking of local needs related to child abuse, abandonment, and neglect prevention based upon the continuum of programs and services.
- e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.
- f. A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect.
- g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

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- (9) (8) FUNDING AND SUBSEQUENT PLANS. --
- (a) All budget requests submitted by the office, the department, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Department of Corrections, the Agency for Persons with Disabilities, the Agency for Workforce Innovation, or any other agency to the Legislature for funding of efforts for the prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.
- The office department at the state and district levels and the other agencies and organizations listed in paragraph (8) (a) (7) (a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.
- (11) RULEMAKING.--The Executive Office of the Governor shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this section.

- (12) EVALUATION. -- By February 1, 2009, the Legislature shall evaluate the office and determine whether it should continue to be housed in the Executive Office of the Governor or transferred to a state agency.
- Section 2. Section 39.0014, Florida Statutes, is amended to read:
- 39.0014 Responsibilities of public agencies.—All state, county, and local agencies shall cooperate, assist, and provide information to the Office of Child Abuse Prevention and the department as will enable them it to fulfill their its responsibilities under this chapter.
- Section 3. Paragraph (b) of subsection (3) of section 39.0015, Florida Statutes, is amended to read:
- 39.0015 Child abuse prevention training in the district school system.--
 - (3) DEFINITIONS.--As used in this section:
- (b) "Child abuse" means those acts as defined in ss. 39.01(1), (2), (30), (43), (45), (53), (52), and (64), (63), (827.04), and (984.03(1)), (2), and (37).
- Section 4. Subsections (47) through (72) of section 39.01, Florida Statutes, are renumbered as subsections (48) through (73), present subsections (10) and (47) are amended, and a new subsection (47) is added to that section, to read:
- 39.01 Definitions.--When used in this chapter, unless the context otherwise requires:
- (10) "Caregiver" means the parent, legal custodian, adult household member, or other person responsible for a child's welfare as defined in subsection (48) (47).
- (47) "Office" means the Office of Child Abuse Prevention within the Executive Office of the Governor.

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 includes the child's legal guardian, legal custodian, or foster parent; an employee of any a private school, public or private child day care center, residential home, institution, facility, or agency; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care. For the purpose of departmental investigative jurisdiction, this definition does not include law enforcement officers, or employees of municipal or county detention facilities or the Department of Corrections, while acting in an official capacity.

Section 5. Paragraph (a) of subsection (2) of section 39.202, Florida Statutes, is amended to read:

39.202 Confidentiality of reports and records in cases of child abuse or neglect.--

- (2) Except as provided in subsection (4), access to such records, excluding the name of the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:
- (a) Employees, authorized agents, or contract providers of the department, the Department of Health, or county agencies responsible for carrying out:
 - Child or adult protective investigations;
 - 2. Ongoing child or adult protective services;
 - 3. Early intervention and prevention services;
 - 4.3. Healthy Start services; or
- 5.4. Licensure or approval of adoptive homes, foster homes, or child care facilities, or family day care homes or informal child care providers who receive subsidized child care funding, or other homes used to provide for the care and welfare of children; or-

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<u>6.5.</u> Services for victims of domestic violence when provided by certified domestic violence centers working at the department's request as case consultants or with shared clients.

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Also, employees or agents of the Department of Juvenile Justice responsible for the provision of services to children, pursuant to chapters 984 and 985.

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Section 6. Subsection (1) of section 39.302, Florida Statutes, is amended to read:

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39.302 Protective investigations of institutional child abuse, abandonment, or neglect.--

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The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report that alleges that an employee or agent of the department, or any other entity or person covered by s. 39.01(31) or $(48)\frac{(47)}{(47)}$, acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall initiate a child protective investigation within the timeframe established by the central abuse hotline pursuant to s. 39.201(5) and orally notify the appropriate state attorney, law enforcement agency, and licensing agency. These agencies shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting investigations onsite or having faceto-face interviews with the child, such investigation visits shall be unannounced unless it is determined by the department or its agent that such unannounced visits would threaten the safety of the child. When a facility is exempt from licensing, the department shall inform the owner or operator of the facility of the report. Each agency conducting a joint investigation shall be entitled to full access to the

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information gathered by the department in the course of the investigation. A protective investigation must include an onsite visit of the child's place of residence. In all cases, the department shall make a full written report to the state attorney within 3 working days after making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the investigation, the state attorney shall report the findings to the department and shall include in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

Section 7. Subsections (1) and (2) of section 402.164, Florida Statutes, are amended to read:

- 402.164 Legislative intent; definitions.--
- (1)(a) It is the intent of the Legislature to use citizen volunteers as members of the Florida Statewide Advocacy Council and the Florida local advocacy councils, and to have volunteers operate a network of councils that shall, without interference by an executive agency, undertake to discover, monitor, investigate, and determine the presence of conditions or individuals that constitute a threat to the rights, health, safety, or welfare of persons who receive services from state agencies.
- (b) It is the further intent of the Legislature that the monitoring and investigation shall safeguard the health, safety, and welfare of consumers of services provided by these state agencies.

(c) It is the further intent of the Legislature that state
agencies cooperate with the councils in forming interagency
agreements to provide the councils with authorized client
records so that the councils may monitor services and

- (2) As used in ss. 402.164-402.167, the term:
- (b) "Client" means a client of the Agency for Persons with Disabilities, the Agency for Health Care Administration, the Department of Children and Family Services, and the Department of Elder Affairs, as defined in s. 393.063, s. 394.67, s. 397.311, or s. 400.960, a forensic client or client as defined in s. 916.106, a child or youth as defined in s. 39.01, a child as defined in s. 414.0252, a participant as defined in s. 400.551, a resident as defined in s. 400.402, a Medicaid recipient or recipient as defined in s. 409.901, a child receiving child care as defined in s. 402.302, a disabled adult as defined in s. 410.032 or 410.603, or a victim as defined in s. 39.01 or s. 415.102 as each definition applies within its respective chapter.

Section 8. Subsections (2), (5), and (7) of section 402.165, Florida Statutes, and paragraph (a) of subsection (8) of said section, are amended to read:

- 402.165 Florida Statewide Advocacy Council; confidential records and meetings.--
- (2) Members of the statewide council shall be appointed to serve terms of 4 years, subject to termination at the pleasure of the Governor prior to expiration of such period. A member may not serve more than two full consecutive terms.
- (5)(a) Members of the statewide council shall receive no compensation, but are entitled to be reimbursed for per diem and travel expenses in accordance with s. 112.061.

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investigate claims.

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- The Governor shall select an executive director who shall serve at the pleasure of the Governor and shall perform the duties delegated to him or her by the council. The compensation of the executive director and staff shall be established in accordance with the rules of the Selected Exempt Service. The Governor shall give priority consideration in the selection of an executive director to an individual with professional expertise in research design, statistical analysis, or agency evaluation and analysis.
- The council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments including money or property, real or personal, tangible or intangible, and service from any governmental or other public or private entity or person and make arrangements as to the use of same.
- The statewide council shall annually prepare a budget request that, after it is approved by the council, shall be submitted to the Governor. The budget shall include a request for funds to carry out the activities of the statewide council and the local councils.
- The responsibilities of the statewide council include, (7) but are not limited to:
- Serving as an independent third-party mechanism for protecting the constitutional and human rights of clients within programs or facilities operated, funded, or contracted by any state agency that provides client services.
- (b) Monitoring, by site visit and through access to records, the delivery and use of services, programs, or facilities operated, funded, or contracted by any state agency that provides client services, for the purpose of preventing abuse or deprivation of the constitutional and human rights of clients. The statewide council may conduct an unannounced site

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visit or monitoring visit that involves the inspection of records if the visit is conditioned upon a complaint. A complaint may be generated by the council itself, after consulting with the Governor's office, if information from any state agency that provides client services or from other sources indicates a situation at the program or facility that indicates possible abuse or neglect or deprivation of the constitutional and human rights of clients. The statewide council shall establish and follow uniform criteria for the review of information and generation of complaints. The statewide council shall develop a written protocol for all complaints it generates to provide the Governor's office with information including the nature of the abuse or neglect, the agencies involved, the populations or numbers of individuals affected, the types of records necessary to complete the investigation, and a strategy for approaching the problem. Routine program monitoring and reviews that do not require an examination of records may be made unannounced.

- (c) Receiving, investigating, and resolving reports of abuse or deprivation of constitutional and human rights referred to the statewide council by a local council. If a matter constitutes a threat to the life, safety, or health of clients or is multiservice-area in scope, the statewide council may exercise its powers without the necessity of a referral from a local council.
- (d) Reviewing existing programs or services and new or revised programs of the state agencies that provide client services and making recommendations as to how the rights of clients are affected.
- (e) Submitting an annual report to the Legislature, no later than December 30 of each calendar year, concerning

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activities, recommendations, and complaints reviewed or developed by the council during the year.

- (f) Conducting meetings at least one time six times a year at the call of the chair and at other times at the call of the Governor or by written request of eight six members of the council including the executive director.
- (g) Developing and adopting uniform procedures to be used to carry out the purpose and responsibilities of the statewide council and the local councils.
- (h) Supervising the operations of the local councils and monitoring the performance and activities of all local councils and providing technical assistance to members of local councils.
- (i) Providing for the development and presentation of a standardized training program for members of local councils.
- between the council and the state agencies providing client services. The interagency agreements shall address the coordination of efforts and identify the roles and responsibilities of the statewide and local councils and each agency in fulfillment of their responsibilities, including access to records. The interagency agreements shall explicitly define a process that the statewide and local councils shall use to request records from the agency and shall define a process for appeal when disputes about access to records arise between agency staff and council members. Interagency agreements shall be renewed annually and shall be completed and reported to the Governor no later than February 1.
- (8)(a) In the performance of its duties, the statewide council shall have:
- 1. Authority to receive, investigate, seek to conciliate, hold hearings on, and act on complaints that allege any abuse or

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- deprivation of constitutional or human rights of persons who receive client services from any state agency.
- 2. Access to all client records, files, and reports from any program, service, or facility that is operated, funded, or contracted by any state agency that provides client services and any records that are material to its investigation and are in the custody of any other agency or department of government. The council's investigation or monitoring shall not impede or obstruct matters under investigation by law enforcement agencies or judicial authorities. Access shall not be granted if a specific procedure or prohibition for reviewing records is required by federal law and regulation that supersedes state law. Access shall not be granted to the records of a private licensed practitioner who is providing services outside the state agency, or outside a state facility, and whose client is competent and refuses disclosure.
- 3. Standing to petition the circuit court for access to client records that are confidential as specified by law. The petition shall be filed with notice and opportunity to be heard by the state agency and shall state the specific reasons for which the council is seeking access and the intended use of such information. The circuit court may authorize council access to the records upon a finding that access is directly related to an investigation regarding the possible deprivation of constitutional or human rights or the abuse of a client. Original client files, agency records, and reports may not be removed from a state agency, but copies must be provided to the council and the local councils at the agency's expense. Under no circumstance shall the council have access to confidential adoption records once the adoption is finalized by a court in accordance with ss. 39.0132, 63.022, and 63.162. Upon completion

of a general investigation of practices and procedures of a state agency, the statewide council shall report its findings to that agency.

Section 9. Section 409.1451, Florida Statutes, is amended to read:

409.1451 Independent living transition services .--

- (1) SYSTEM OF SERVICES.--
- (a) The Department of Children and Family Services, its agents, or community-based providers operating pursuant to s. 409.1671 shall administer a system of independent living transition services to enable older children in foster care and young adults who exit foster care at age 18 to make the transition to self-sufficiency as adults.
- (b) The goals of independent living transition services are to assist older children in foster care and young adults who were formerly in foster care to obtain life skills and education for independent living and employment, to have a quality of life appropriate for their age, and to assume personal responsibility for becoming self-sufficient adults.
- (c) State funds for foster care or federal funds shall be used to establish a continuum of services for eligible children in foster care and eligible young adults who were formerly in foster care which accomplish the goals for the system of independent living transition services by providing services for foster children, pursuant to subsection (4), and services for young adults who were formerly in foster care, pursuant to subsection (5).
- (d) For children in foster care, independent living transition services are not an alternative to adoption.
 Independent living transition services may occur concurrently

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with continued efforts to locate and achieve placement in adoptive families for older children in foster care.

- (2) ELIGIBILITY.--
- (a) The department shall serve children who have reached 13 years of age but are not yet 18 years of age and who are in foster care by providing services pursuant to subsection (4). Children to be served must meet the eligibility requirements set forth for specific services as provided in this section.
- reached 18 years of age or were placed with a court-approved nonrelative or guardian after reaching 16 years of age and have spent a minimum of 6 months in foster care but are not yet 23 years of age and who were in foster care when they turned 18 years of age by providing services pursuant to subsection (5). Young adults are not entitled to be served but must meet the eligibility requirements set forth for specific services in this section.
 - (3) PREPARATION FOR INDEPENDENT LIVING. --
- (a) It is the intent of the Legislature for the Department of Children and Family Services to assist older children in foster care and young adults who exit foster care at age 18 in making the transition to independent living and self-sufficiency as adults. The department shall provide such children and young adults with opportunities to participate in life skills activities in their foster families and communities which are reasonable and appropriate for their respective ages or for any special needs they may have, and shall provide them with services to build life the skills and increase their ability to live independently and become self-sufficient. To support the provision of opportunities for participation in age-appropriate life skills activities, the department shall:

- 1. Develop a list of age-appropriate activities and responsibilities to be offered to all children involved in independent living transition services and their foster parents.
- 2. Provide training for staff and foster parents to address the issues of older children in foster care in transitioning to adulthood, which shall include information on high school completion, grant applications, vocational school opportunities, supporting education and employment opportunities, and providing opportunities to participate in appropriate daily activities.
- 3. Develop procedures to maximize the authority of foster parents or caregivers to approve participation in ageappropriate activities of children in their care. The ageappropriate activities and the authority of the foster parent or caregiver shall be developed into a written plan that the foster parent or caregiver, the child, and the case manager all develop together, sign, and follow. This plan must include specific goals and objectives and be reviewed and updated no less than quarterly.
- 4. Provide opportunities for older children in foster care to interact with mentors.
- 5. Develop and implement procedures for older children to directly access and manage the personal allowance they receive from the department in order to learn responsibility and participate in age-appropriate life skills activities to the extent feasible.
- 6. Make a good faith effort to fully explain, prior to execution of any signature, if required, any document, report, form, or other record, whether written or electronic, presented to a child or young adult pursuant to this chapter and allow for the recipient to ask any appropriate questions necessary to

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fully understand the document. It shall be the responsibility of the person presenting the document to the child or young adult to comply with this subparagraph.

- (b) It is further the intent of the Legislature that each child in foster care, his or her foster parents, if applicable, and the department or community-based provider set early achievement and career goals for the child's postsecondary educational and work experience. The department and community-based providers shall implement the model set forth in this paragraph to help ensure that children in foster care are ready for postsecondary education and the workplace.
- For children in foster care who have reached 13 years of age, entering the 9th grade, their foster parents, and the department or community-based provider shall ensure that the child's case plan includes an educational and career path be active participants in choosing a post-high school goal based upon both the abilities and interests of each child. The child, the foster parents, and a teacher or other school staff member shall be included to the fullest extent possible in developing the path. The path shall be reviewed at each judicial hearing as part of the case plan and goal shall accommodate the needs of children served in exceptional education programs to the extent appropriate for each individual. Such children may continue to follow the courses outlined in the district school board student progression plan. Children in foster care, with the assistance of their foster parents, and the department or community-based provider shall choose one of the following postsecondary goals:
- a. Attending a 4-year college or university, a community college plus university, or a military academy;
 - b. Receiving a 2-year postsecondary degree;

- c. Attaining a postsecondary career and technical certificate or credential; or
- d. Beginning immediate employment, including apprenticeship, after completion of a high school diploma or its equivalent, or enlisting in the military.
- 2. In order to assist the child in foster care in achieving his or her chosen goal, the department or community-based provider shall, with the participation of the child and foster parents, identify:
- a. The core courses necessary to qualify for a chosen goal.
- b. Any elective courses which would provide additional help in reaching a chosen goal.
- c. The grade point requirement and any additional information necessary to achieve a specific goal.
- d. A teacher, other school staff member, employee of the department or community-based care provider, or community volunteer who would be willing to work with the child as an academic advocate or mentor if foster parent involvement is insufficient or unavailable.
- 3. In order to complement educational goals, the department and community-based providers are encouraged to form partnerships with the business community to support internships, apprenticeships, or other work-related opportunities.
- 4. The department and community-based providers shall ensure that children in foster care and their foster parents are made aware of the postsecondary goals available and shall assist in identifying the coursework necessary to enable the child to reach the chosen goal.
- (c) All children in foster care and young adults formerly in foster care are encouraged to take part in learning

opportunities that result from participation in community service activities.

- (d) Children in foster care and young adults formerly in foster care shall be provided with the opportunity to change from one postsecondary goal to another, and each postsecondary goal shall allow for changes in each individual's needs and preferences. Any change, particularly a change that will result in additional time required to achieve a goal, shall be made with the guidance and assistance of the department or community-based provider.
- (4) SERVICES FOR CHILDREN IN FOSTER CARE. -- The department shall provide the following transition to independence services to children in foster care who meet prescribed conditions and are determined eligible by the department. The service categories available to children in foster care which facilitate successful transition into adulthood are:
 - (a) Preindependent living services. --
- 1. Preindependent living services include, but are not limited to, life skills training, educational field trips, and conferences. The specific services to be provided to a child shall be determined using a preindependent living assessment.
- 2. A child who has reached 13 years of age but is not yet 15 years of age who is in foster care is eligible for such services.
- 3. The department shall conduct an annual staffing for each child who has reached 13 years of age but is not yet 15 years of age to ensure that the preindependent living training and services to be provided as determined by the preindependent living assessment are being received and to evaluate the progress of the child in developing the needed independent living skills.

- 4. At the first annual staffing that occurs following a child's 14th birthday, and at each subsequent staffing, the department or community-based provider shall ensure that the child's case plan includes an educational and career path based upon both the abilities and interests of each child and shall provide to each child detailed personalized information on services provided by the Road-to-Independence Scholarship Program, including requirements for eligibility; on other grants, scholarships, and waivers that are available and should be sought by the child with assistance from the department, including, but not limited to, the Bright Futures Scholarship Program, as provided in ss. 1009.53-1009.538; on application deadlines; and on grade requirements for such programs.
- 5. Information related to both the preindependent living assessment and all staffings, which shall be reduced to writing and signed by the child participant, shall be included as a part of the written report required to be provided to the court at each judicial review held pursuant to s. 39.701.
 - (b) Life skills services.--
- 1. Life skills services may include, but are not limited to, independent living skills training, including training to develop banking and budgeting skills, interviewing skills, parenting skills, and time management or organizational skills, educational support, employment training, and counseling. Children receiving these services should also be provided with information related to social security insurance benefits and public assistance. The specific services to be provided to a child shall be determined using an independent life skills assessment.

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- 2. A child who has reached 15 years of age but is not yet 18 years of age who is in foster care is eligible for such services.
- 3. The department shall conduct a staffing at least once every 6 months for each child who has reached 15 years of age but is not yet 18 years of age to ensure that the appropriate independent living training and services as determined by the independent life skills assessment are being received and to evaluate the progress of the child in developing the needed independent living skills.
- 4. The department shall provide to each child in foster care during the calendar month following the child's 17th birthday an independent living assessment to determine the child's skills and abilities to live independently and become self-sufficient. Based on the results of the independent living assessment, services and training shall be provided in order for the child to develop the necessary skills and abilities prior to the child's 18th birthday.
- 5. Information related to both the independent life skills assessment and all staffings, which shall be reduced to writing and signed by the child participant, shall be included as a part of the written report required to be provided to the court at each judicial review held pursuant to s. 39.701.
 - (c) Subsidized independent living services. --
- 1. Subsidized independent living services are living arrangements that allow the child to live independently of the daily care and supervision of an adult in a setting that is not required to be licensed under s. 409.175.
- 2. A child who has reached 16 years of age but is not yet 18 years of age is eligible for such services if he or she:

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- Is adjudicated dependent under chapter 39; has been placed in licensed out-of-home care for at least 6 months prior to entering subsidized independent living; and has a permanency goal of adoption, independent living, or long-term licensed care; and
- Is able to demonstrate independent living skills, as b. determined by the department, using established procedures and assessments.
- Independent living arrangements established for a child 3. must be part of an overall plan leading to the total independence of the child from the department's supervision. The plan must include, but need not be limited to, a description of the skills of the child and a plan for learning additional identified skills; the behavior that the child has exhibited which indicates an ability to be responsible and a plan for developing additional responsibilities, as appropriate; a plan for future educational, vocational, and training skills; present financial and budgeting capabilities and a plan for improving resources and ability; a description of the proposed residence; documentation that the child understands the specific consequences of his or her conduct in the independent living program; documentation of proposed services to be provided by the department and other agencies, including the type of service and the nature and frequency of contact; and a plan for maintaining or developing relationships with the family, other adults, friends, and the community, as appropriate.
- Subsidy payments in an amount established by the department may be made directly to a child under the direct supervision of a caseworker or other responsible adult approved by the department.

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(5) SERVICES FOR YOUNG ADULTS FORMERLY IN FOSTER
CARE Based on the availability of funds, the department shall
provide or arrange for the following services to young adults
formerly in foster care who meet the prescribed conditions and
are determined eligible by the department. The department, or a
community-based care lead agency when the agency is under
contract with the department to provide the services described
under this subsection, shall develop a plan to implement those
services. A plan shall be developed for each community-based
care service area in the state. Each plan that is developed by a
community-based care lead agency shall be submitted to the
department. Each plan shall include the number of young adults
to be served each month of the fiscal year and specify the
number of young adults who will reach 18 years of age who will
be eligible for the plan and the number of young adults who will
reach 23 years of age and will be ineligible for the plan or who
are otherwise ineligible during each month of the fiscal year;
staffing requirements and all related costs to administer the
services and program; expenditures to or on behalf of the
eligible recipients; costs of services provided to young adults
through an approved plan for housing, transportation, and
employment; reconciliation of these expenses and any additional
related costs with the funds allocated for these services; and
an explanation of and a plan to resolve any shortages or
surpluses in order to end the fiscal year with a balanced
<pre>budget. The categories of services available to assist a young</pre>
adult formerly in foster care to achieve independence are:

- (a) Aftercare support services. --
- 1. Aftercare support services are available to assist young adults who were formerly in foster care in their efforts to continue to develop the skills and abilities necessary for

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independent living. The aftercare support services available include, but are not limited to, the following:

- a. Mentoring and tutoring.
- b. Mental health services and substance abuse counseling.
- c. Life skills classes, including credit management and preventive health activities.
 - d. Parenting classes.
 - e. Job and career skills training.
 - f. Counselor consultations.
 - q. Temporary financial assistance.
 - h. Financial literacy skills training.

The specific services to be provided under this subparagraph shall be determined by an aftercare services assessment and may be provided by the department or through referrals in the community.

- $\underline{2}$. Temporary assistance provided to prevent homelessness shall be provided as expeditiously as possible and within the limitations defined by the department.
- 3.2. A young adult who has reached 18 years of age but is not yet 23 years of age who leaves foster care at 18 years of age but who requests services prior to reaching 23 years of age is eligible for such services.
 - (b) Road-to-Independence Scholarship Program. --
- 1. The Road-to-Independence Scholarship Program is intended to help eligible students who are former foster children in this state to receive the educational and vocational training needed to achieve independence. The amount of the award shall be based on the living and educational needs of the young adult and may be up to, but may not exceed, the amount of

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earnings that the student would have been eligible to earn working a 40-hour-a-week federal minimum wage job.

- 2. A young adult who has reached 18 years of age but is not yet 21 years of age is eligible for the initial award, and a young adult under 23 years of age is eligible for renewal awards, if he or she:
- a. Was a dependent child, under chapter 39, and was living in licensed foster care or in subsidized independent living at the time of his or her 18th birthday or is currently in licensed foster care or subsidized independent living, was adopted from foster care after reaching 16 years of age, or, after spending at least 6 months in the custody of the department after reaching 16 years of age, was placed in a guardianship by the court;
- b. Spent at least 6 months living in foster care before reaching his or her 18th birthday;
- c. Is a resident of this state as defined in s. 1009.40; and
 - d. Meets one of the following qualifications:
- (I) Has earned a standard high school diploma or its equivalent as described in s. 1003.43 or s. 1003.435, or has earned a special diploma or special certificate of completion as described in s. 1003.438, and has been admitted for full-time enrollment in an eligible postsecondary education institution as defined in s. 1009.533;
- (II) Is enrolled full time in an accredited high school; or
- (III) Is enrolled full time in an accredited adult education program designed to provide the student with a high school diploma or its equivalent.

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- 3. A young adult applying for the a Road-to-Independence Program Scholarship must apply for any other grants and scholarships for which he or she may qualify. The department shall assist the young adult in the application process and may use the federal financial aid grant process to determine the funding needs of the young adult.
- An award shall be available to a young adult who is considered a full-time student or its equivalent by the educational institution in which he or she is enrolled, unless that young adult has a recognized disability preventing fulltime attendance. The amount of the award, whether it is being used by a young adult working toward completion of a high school diploma or its equivalent or working toward completion of a postsecondary education program, shall be determined based on an assessment of the funding needs of the young adult. This assessment must consider the young adult's living and educational costs and other grants, scholarships, waivers, earnings, and other income to be received by the young adult. An award shall be available only to the extent that other grants and scholarships are not sufficient to meet the living and educational needs of the young adult, but an award may not be less than \$25 in order to maintain Medicaid eligibility for the young adult as provided in s. 409.903.
- 5. The amount of the award may be disregarded for purposes of determining the eligibility for, or the amount of, any other federal or federally supported assistance.
- 6. 5.a. The department must advertise the <u>criteria</u>, application procedures, and availability of the program to:
- (I) Children and young adults in, leaving, or formerly in foster care.
 - (II) Case managers.

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(III) Guidance and family services counselors.

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- Principals or other relevant school administrators (IV) and must ensure that the children and young adults leaving foster care, foster parents, or family services counselors are informed of the availability of the program and the application procedures.
 - (V) Guardians ad litem.
 - (VI) Foster parents.
- b. A young adult must apply for the initial award during the 6-months immediately preceding his or her 18th birthday, and the department shall provide assistance with the application process. A young adult who fails to make an initial application, but who otherwise meets the criteria for an initial award, may make one application for the initial award if the application is made before the young adult's 21st birthday. If the young adult does not apply for an initial award before his or her 18th birthday, the department shall inform that young adult of the opportunity to apply before turning 21 years of age.
- b. e. If funding for the program is available, The department shall issue awards from the scholarship program for each young adult who meets all the requirements of the program to the extent funding is available.
- c. d. An award shall be issued at the time the eligible student reaches 18 years of age.
- d. e. A young adult who is eligible for the Road-to-Independence Program, transitional support services, or aftercare services and who so desires shall be allowed to reside with the licensed foster family or group care provider with whom he or she was residing at the time of attaining his or her 18th birthday or to reside in another licensed foster home or with a group care provider arranged by the department.

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- e. f. If the award recipient transfers from one eligible institution to another and continues to meet eligibility requirements, the award must be transferred with the recipient.
- f. g. Scholarship Funds awarded to any eligible young adult under this program are in addition to any other services or funds provided to the young adult by the department through transitional support services or aftercare services its independent living transition services.
- q. h. The department shall provide information concerning young adults receiving funding through the Road-to-Independence Program Scholarship to the Department of Education for inclusion in the student financial assistance database, as provided in s. 1009.94.
- h. i. Scholarship Funds are intended to help eligible young adults students who are former foster children in this state to receive the educational and vocational training needed to become independent and self-supporting. The funds shall be terminated when the young adult has attained one of four postsecondary goals under subsection (3) or reaches 23 years of age, whichever occurs earlier. In order to initiate postsecondary education, to allow for a change in career goal, or to obtain additional skills in the same educational or vocational area, a young adult may earn no more than two diplomas, certificates, or credentials. A young adult attaining an associate of arts or associate of science degree shall be permitted to work toward completion of a bachelor of arts or a bachelor of science degree or an equivalent undergraduate degree. Road-to-Independence Program Scholarship funds may not be used for education or training after a young adult has attained a bachelor of arts or a bachelor of science degree or an equivalent undergraduate degree.

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- i. j. The department shall evaluate and renew each award annually during the 90-day period before the young adult's birthday. In order to be eligible for a renewal award for the subsequent year, the young adult must:
- (I) Complete the number of hours, or the equivalent considered full time by the educational institution, unless that young adult has a recognized disability preventing full-time attendance, in the last academic year in which the young adult earned an award a scholarship, except for a young adult who meets the requirements of s. 1009.41.
- (II) Maintain appropriate progress as required by the educational institution, except that, if the young adult's progress is insufficient to renew the <u>award scholarship</u> at any time during the eligibility period, the young adult may restore eligibility by improving his or her progress to the required level.
- j. k. Scholarship Funds may be terminated during the interim between an award and the evaluation for a renewal award if the department determines that the award recipient is no longer enrolled in an educational institution as defined in subsubparagraph 2.d., or is no longer a state resident. The department shall notify a recipient student who is terminated and inform the recipient student of his or her right to appeal.
- <u>k.</u> 1. An award recipient who does not qualify for a renewal award or who chooses not to renew the award may subsequently apply for reinstatement. An application for reinstatement must be made before the young adult reaches 23 years of age, and a student may not apply for reinstatement more than once. In order to be eligible for reinstatement, the young adult must meet the eligibility criteria and the criteria for award renewal for the scholarship program.

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- (c) Transitional support services .--
- In addition to any services provided through aftercare support or the Road-to-Independence Program Scholarship, a young adult formerly in foster care may receive other appropriate short-term funding and services, which may include financial, housing, counseling, employment, education, mental health, disability, and other services, if the young adult demonstrates that the services are critical to the young adult's own efforts to achieve self-sufficiency and to develop a personal support system. The department or community-based care provider shall work with the young adult in developing a joint transition plan that is consistent with a needs assessment identifying the specific need for transitional services to support the young adult's own efforts. The young adult must have specific tasks to complete or maintain included in the plan and be accountable for the completion of or making progress towards the completion of these tasks. If the young adult and the department or communitybased care provider cannot come to agreement regarding any part of the plan, the young adult may access a grievance process to its full extent in an effort to resolve the disagreement.
- 2. A young adult formerly in foster care is eligible to apply for transitional support services if he or she has reached 18 years of age but is not yet 23 years of age, was a dependent child pursuant to chapter 39, was living in licensed foster care or in subsidized independent living at the time of his or her 18th birthday, and had spent at least 6 months living in foster care before that date.
- 3. If at any time the services are no longer critical to the young adult's own efforts to achieve self-sufficiency and to develop a personal support system, they shall be terminated.

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- (d) Payment of aftercare, Road-to-Independence Program scholarship, or transitional support funds.--
- 1. Payment of aftercare, Road-to-Independence Program scholarship, or transitional support funds shall be made directly to the recipient unless the recipient requests in writing to the community-based care lead agency, or the department, that the payments or a portion of the payments be made directly on the recipient's behalf in order to secure services such as housing, counseling, education, or employment training as part of the young adult's own efforts to achieve self-sufficiency.
- 2. After the completion of aftercare support services that satisfy the requirements of sub-subparagraph (a)1.h., payment of awards under the Road-to-Independence Program shall be made by direct deposit to the recipient, unless the recipient requests in writing to the community-based care lead agency or the department that:
- a. The payments be made directly to the recipient by check or warrant;
- b. The payments or a portion of the payments be made directly on the recipient's behalf to institutions the recipient is attending to maintain eligibility under this section; or
- c. The payments be made on a two-party check to a business or landlord for a legitimate expense, whether reimbursed or not. A legitimate expense for the purposes of this sub-subparagraph shall include automobile repair or maintenance expenses; educational, job, or training expenses; and costs incurred, except legal costs, fines, or penalties, when applying for or executing a rental agreement for the purposes of securing a home or residence.

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3. The community-based care lead agency may purchase
housing, transportation, or employment services to ensure the
availability and affordability of specific transitional services
thereby allowing an eligible young adult to utilize these
services in lieu of receiving a direct payment. Prior to
purchasing such services, the community-based care lead agency
must have a plan approved by the department describing the
services to be purchased, the rationale for purchasing the
services, and a specific range of expenses for each service that
is less than the cost of purchasing the service by an individual
young adult. The plan must include a description of the
transition of a young adult using these services into
independence and a timeframe for achievement of independence. An
eligible young adult who prefers a direct payment shall receive
such payment. The plan must be reviewed annually and evaluated
for cost-efficiency and for effectiveness in assisting young
adults in achieving independence, preventing homelessness among
young adults, and enabling young adults to earn a livable wage
in a permanent employment situation.

- 4. The young adult who resides with a foster family may not be included as a child in calculating any licensing restriction on the number of children in the foster home.
 - (e) Appeals process. --
- 1. The Department of Children and Family Services shall adopt by rule a procedure by which a young adult may appeal an eligibility determination or the department's failure to provide aftercare, Road-to-Independence Program scholarship, or transitional support services, or the termination of such services, if such funds are available.
- 2. The procedure developed by the department must be readily available to young adults, must provide timely

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- decisions, and must provide for an appeal to the Secretary of
 Children and Family Services. The decision of the secretary
 constitutes final agency action and is reviewable by the court
 as provided in s. 120.68.
 - measures for the program and other performance measures in order to maintain oversight of the program. The department shall report on the outcome measures and the department's oversight activities in a report to the Legislature. The report must be prepared and submitted to the committees of jurisdiction for issues relating to children and families in the Senate and House of Representatives no later than January 31 of each year. The report must include:
 - (a) An analysis of performance on outcome measures developed under this section reported for each community-based care lead agency and compared with the performance of the department on the same measures;
 - (b) A description of the department's oversight of the program including, by lead agency, any programmatic or fiscal deficiencies found, corrective actions required, and current status of compliance; and
 - (c) Any rules adopted or proposed under the authority of this section since the last report. For the purposes of the first report, any rules adopted or proposed under the authority of this section must be included.
 - (7) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.--The Secretary of Children and Family Services shall establish the Independent Living Services Advisory Council for the purpose of reviewing and making recommendations concerning the implementation and operation of the independent living transition services. This advisory council shall continue to

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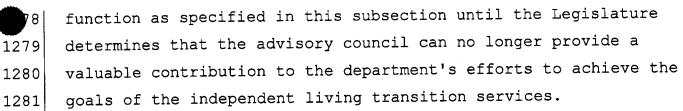
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- (a) Specifically, the advisory council shall assess the implementation and operation of the system of independent living transition services and advise the department on actions that would improve the ability of the independent living transition services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of independent living transition services has achieved. The department shall consider, but is not required to implement, the recommendations of the advisory council.
- The advisory council shall report to the appropriate (b) substantive committees of the Senate and the House of Representatives on the status of the implementation of the system of independent living transition services; efforts to publicize the availability of aftercare support services, the Road-to-Independence Scholarship Program, and transitional support services; specific barriers to financial aid created by the scholarship and possible solutions; the success of the services; problems identified; recommendations for department or legislative action; and the department's implementation of the recommendations contained in the Independent Living Services Integration Workgroup Report submitted to the Senate and the House substantive committees December 31, 2002. This advisory council report shall be submitted by December 31 of each year that the council is in existence and shall be accompanied by a

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report from the department which identifies the recommendations of the advisory council and either describes the department's actions to implement these recommendations or provides the department's rationale for not implementing the recommendations.

- (c) Members of the advisory council shall be appointed by the secretary of the department. The membership of the advisory council must include, at a minimum, representatives from the headquarters and district offices of the Department of Children and Family Services, community-based care lead agencies, the Agency for Workforce Innovation, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, Workforce Florida, Inc., the Statewide Guardian Ad Litem Office, foster parents, recipients of Road-to-Independence Program funding, and advocates for foster children. The secretary shall determine the length of the term to be served by each member appointed to the advisory council, which may not exceed 4 years.
- (d) The Department of Children and Family Services shall provide administrative support to the Independent Living Services Advisory Council to accomplish its assigned tasks. The advisory council shall be afforded access to all appropriate data from the department, each community-based care lead agency, and other relevant agencies in order to accomplish the tasks set forth in this section. The data collected may not include any information that would identify a specific child or young adult.
- (8) PERSONAL PROPERTY. -- Property acquired on behalf of clients of this program shall become the personal property of the clients and is not subject to the requirements of chapter 273 relating to state-owned tangible personal property. Such property continues to be subject to applicable federal laws.

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- (9) MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN FOSTER CARE.—The department shall enroll in the Florida KidCare program, outside the open enrollment period, each young adult who is eligible as described in paragraph (2)(b) and who has not yet reached his or her 19th birthday.
- (a) A young adult who was formerly in foster care at the time of his or her 18th birthday and who is 18 years of age but not yet 19, shall pay the premium for the Florida KidCare program as required in s. 409.814.
- (b) A young adult who has health insurance coverage from a third party through his or her employer or who is eligible for Medicaid is not eligible for enrollment under this subsection.
- (10) RULEMAKING. -- The department shall adopt by rule procedures to administer this section, including balancing the goals of normalcy and safety for the youth and providing the caregivers with as much flexibility as possible to enable the youth to participate in normal life experiences. The department shall not adopt rules relating to reductions in scholarship awards. The department shall engage in appropriate planning to prevent, to the extent possible, a reduction in scholarship awards after issuance.
- Section 10. Paragraph (b) of subsection (2) of section 409.175, Florida Statutes, is amended to read:
- 409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.--
 - (2) As used in this section, the term:
- (b) "Boarding school" means a school which is <u>accredited</u>
 by the Florida Council of Independent Schools or the Southern

 Association of Colleges and Schools; which is accredited by the
 Council on Accreditation, the Commission on Accreditation of

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Rehabilitation Facilities, or the Coalition for Residential 1370 Education; and which is registered with the Department of 1371 Education as a school. Its program must follow established 1372 school schedules, with holiday breaks and summer recesses in 1373 accordance with other public and private school programs. The 1374 children in residence must customarily return to their family 1375 homes or legal guardians during school breaks and must not be in 1376 residence year-round, except that this provision does not apply 1377 to foreign students. The parents of these children retain 1378 custody and planning and financial responsibility. A boarding 1379 school currently in existence and a boarding school opening and 1380 seeking accreditation has 3 years to comply with the 1381 requirements of this paragraph. A boarding school must provide 1382 proof of accreditation or documentation of the accreditation 1383 process upon request. A boarding school that cannot produce the 1384 required documentation or that has not registered with the 1385 Department of Education shall be considered to be providing 1386 residential group care without a license. The department may 1387 impose administrative sanctions or seek civil remedies as 1388 provided under paragraph (11)(a). 1389

Section 11. Subsection (2) of section 39.013, Florida Statutes, is amended to read:

- 39.013 Procedures and jurisdiction; right to counsel. --
- (2) The circuit court shall have exclusive original jurisdiction of all proceedings under this chapter, of a child voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, or the department, and of the adoption of children whose parental rights have been terminated under this chapter. Jurisdiction attaches when the initial shelter petition, dependency petition, or termination of parental rights petition is filed or when a child is taken into

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01	the custody of the department. The circuit court may assume
1402	jurisdiction over any such proceeding regardless of whether the
1403	child was in the physical custody of both parents, was in the
1404	sole legal or physical custody of only one parent, caregiver, or
1405	some other person, or was in the physical or legal custody of no
1406	person when the event or condition occurred that brought the
1407	child to the attention of the court. When the court obtains
1408	jurisdiction of any child who has been found to be dependent,
1409	the court shall retain jurisdiction, unless relinquished by its
1410	order, until the child reaches 18 years of age. However, if a
1411	youth petitions the court at any time before his or her 19th
1412	birthday requesting the court's continued jurisdiction, the
1413	juvenile court may retain jurisdiction under this chapter for a
1414	period not to exceed 1 year following the youth's 18th birthday
1415	for the purpose of determining whether appropriate aftercare
16	support, Road-to-Independence Program Scholarship, transitional
1417	support, mental health, and developmental disability services,
1418	to the extent otherwise authorized by law, have been provided to
1419	the formerly dependent child who was in the legal custody of the
1420	department immediately before his or her 18th birthday. If a
1421	petition for special immigrant juvenile status and an
1422	application for adjustment of status have been filed on behalf
1423	of a foster child and the petition and application have not been
1424	granted by the time the child reaches 18 years of age, the court
1425	may retain jurisdiction over the dependency case solely for the
1426	purpose of allowing the continued consideration of the petition
1427	and application by federal authorities. Review hearings for the
1428	child shall be set solely for the purpose of determining the
1429	status of the petition and application. The court's jurisdiction
1430	terminates upon the final decision of the federal authorities.
31	Retention of jurisdiction in this instance does not affect the

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services available to a young adult under s. 409.1451. The court may not retain jurisdiction of the case after the immigrant child's 22nd birthday.

Section 12. Paragraph (a) of subsection (6) of section 39.701, Florida Statutes, is amended to read:

39.701 Judicial review.--

- (6)(a) In addition to paragraphs (1)(a) and (2)(a), the court shall hold a judicial review hearing within 90 days after a youth's 17th birthday. The court shall also issue an order, separate from the order on judicial review, that the disabilities of non-age of the youth have been removed pursuant to s 743.04. The court and shall continue to hold timely judicial review hearings thereafter. In addition, the court may review the status of the child more frequently during the year prior to the youth's 18th birthday if necessary. At each review held under this subsection, in addition to any information or report provided to the court, the foster parent, legal custodian, guardian ad litem, and the child shall be given the opportunity to address the court with any information relevant to the child's best interests, particularly as it relates to independent living transition services. In addition to any information or report provided to the court, the department shall include in its judicial review social study report written verification that the child:
- 1. Has been provided with a current Medicaid card and has been provided all necessary information concerning the Medicaid program sufficient to prepare the youth to apply for coverage upon reaching age 18, if such application would be appropriate.
- 2. Has been provided with a certified copy of his or her birth certificate and, if the child does not have a valid

driver's license, a Florida identification card issued under s.

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3. Has been provided information relating to Social Security Insurance benefits if the child is eligible for these

benefits. If the child has received these benefits and they are being held in trust for the child, a full accounting of those funds must be provided and the child must be informed about how to access those funds.

4. Has been provided with information and training related to budgeting skills, interviewing skills, and parenting skills.

- Has been provided with all relevant information related to the Road-to-Independence Program Scholarship, including, but not limited to, eligibility requirements, forms necessary to apply, and assistance in completing the forms. The child shall also be informed that, if he or she is eligible for the Road-to-Independence Scholarship Program, he or she may reside with the licensed foster family or group care provider with whom the child was residing at the time of attaining his or her 18th birthday or may reside in another licensed foster home or with a group care provider arranged by the department.
- 6. Has an open bank account, or has identification necessary to open an account, and has been provided with essential banking skills.
- 7. Has been provided with information on public assistance and how to apply.
- Has been provided a clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and what educational program or school he or she will be enrolled in.
- Has been provided with notice of the youth's right to petition for the court's continuing jurisdiction for 1 year

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- after the youth's 18th birthday as specified in s. 39.013(2) and with information on how to obtain access to the court.
 - 10. Has been encouraged to attend all judicial review hearings occurring after his or her 17th birthday.
 - Section 13. Paragraph (c) of subsection (2) of section 1009.25, Florida Statutes, is amended to read:

1009.25 Fee exemptions.--

- (2) The following students are exempt from the payment of tuition and fees, including lab fees, at a school district that provides postsecondary career programs, community college, or state university:
- A student who the state has determined is eligible for (c) the Road-to-Independence Scholarship, regardless of whether an award is issued or not, or a student who is or was at the time he or she reached 18 years of age in the custody of the Department of Children and Family Services or a relative under s. 39.5085, ex who is adopted from the Department of Children and Family Services after May 5, 1997, or who, after spending at least 6 months in the custody of the department after reaching 16 years of age, was placed in a guardianship by the court. Such exemption includes fees associated with enrollment in careerpreparatory instruction and completion of the college-level communication and computation skills testing program. Such an exemption is available to any student who was in the custody of a relative under s. 39.5085 at the time he or she reached 18 years of age or was adopted from the Department of Children and Family Services after May 5, 1997; however, the exemption remains valid for no more than 4 years after the date of graduation from high school.
- Section 14. Section 743.045, Florida Statutes, is created to read:

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743.045 Removal of disabilities of minors; executing 24 contracts for a residential lease. -- For the sole purpose of 1525 ensuring that youth in foster care will be able to execute a 1526 contract for the lease of residential property in order that the 1527 day of the youth's 18th birthday, the disability of nonage of 1528 minors is removed for all youth who have reached the age of 17 1529 years, who have been adjudicated dependent, and who are in the 1530 legal custody of the Department of Children and Family Services 1531 through foster care or subsidized independent living. These 1532 youth are authorized to make and execute contracts, releases, 1533 and all other instruments necessary for the purpose of entering 1534 into a contract for the lease of residential property upon the 1535 youth's 18th birthday. The contracts or other instruments made 1536 by the youth shall have the same effect as though they were the 1537 obligations of persons who were not minors. Youth seeking to 1538 enter into such lease contracts or execute other necessary 39 instruments that are incidental to entering into a lease must 1540 present an order from a court of competent jurisdiction removing 1541 the disabilities of nonage of the minor under this section. 1542 Section 15. Subsection (4) of section 409.903, Florida 1543 Statutes, is amended to read: 1544 409.903 Mandatory payments for eligible persons. -- The 1545 agency shall make payments for medical assistance and related 1546 1547

409.903 Mandatory payments for eligible persons.—The agency shall make payments for medical assistance and related services on behalf of the following persons who the department, or the Social Security Administration by contract with the Department of Children and Family Services, determines to be eligible, subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

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Security Act for subsidized board payments, foster care, or adoption subsidies, and a child for whom the state has assumed temporary or permanent responsibility and who does not qualify for Title IV-E assistance but is in foster care, shelter or emergency shelter care, or subsidized adoption. This category includes any young adult who is eligible to receive services under s. 409.1451(5), until the young adult reaches the age of 20, without regard to any income, resource, or categorical eligibility test that is otherwise required. This category also includes a person who, as a child who was eligible under Title IV-E of the Social Security Act for foster care or the state-provided foster care, who exited foster care due to attaining the age of 18 years, and who is a participant in the has been awarded a Road-to-Independence Program Scholarship.

Section 16. This act shall take effect July 1, 2006, only if a specific appropriation is made in the General Appropriations Act for fiscal year 2006-2007.

======= TITLE AMENDMENT ==

Remove the entire title and insert:

A bill to be entitled

An act relating to the welfare of children; amending s. 39.001, F.S.; providing additional purposes of ch. 39, F.S.; revising legislative intent; creating the Office of Child Abuse Prevention within the Executive Office of the Governor; directing the Governor to appoint a director of the office; providing duties and responsibilities of the director; providing procedures for evaluation of child abuse prevention programs; requiring a report to the Governor, Legislature, secretaries of certain state

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agencies, and certain committees of the Legislature; providing for information to be included in the report; providing for the development and implementation of a state plan for the coordination of child abuse prevention programs and services; establishing a Child Abuse Prevention Advisory Council; providing for membership, duties, and responsibilities; requiring requests for funding to be based on the state plan; providing for review and revision of the state plan; granting rulemaking authority to the Executive Office of the Governor; requiring the Legislature to evaluate the office by a specified date; amending s. 39.0014, F.S.; providing responsibilities of the office under ch. 39, F.S.; amending s. 39.01, F.S.; providing and revising definitions; amending s. 39.202, F.S.; providing access to records for agencies that provide early intervention and prevention services; amending ss. 39.0015 and 39.302, F.S.; conforming cross-references; amending s. 402.164, F.S.; establishing legislative intent for the statewide and local advocacy councils; providing a definition; amending s. 402.165, F.S.; providing guidelines for selection of the executive director of the Florida Statewide Advocacy Council; establishing a process for investigating reports of abuse; revising council meeting requirements; providing requirements for interagency agreements; requiring interagency agreements to be renewed annually and submitted to the Governor by a specified date; amending s. 409.1451, F.S., relating to independent living transition services; revising eligibility requirements for certain young adults; revising duties of the Department of Children and Family Services regarding

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independent living transition services; including additional parties in the review of a child's academic performance; requiring the department or a community-based care lead agency under contract with the department to develop a plan for delivery of such services; requiring additional aftercare support services; providing additional qualifications to receive an award under the Road-to-Independence Program; deleting certain time restrictions for submitting applications; providing procedures for the payment of awards; requiring collaboration between certain parties in the development of a plan regarding the provision of transitional services; requiring a community-based care lead agency to develop a plan for purchase and delivery of such services and requiring department approval prior to implementation; requiring the department to submit a report annually to the Legislature on performance, oversight, and rule development; permitting the Independent Living Services Advisory Council to have access to certain data held by the department and certain agencies; amending s. 409.175, F.S.; revising the definition of the term "boarding school" to require such schools to meet certain standards within a specified timeframe; amending ss. 39.013, 39.701, and 1009.25, F.S.; conforming references to changes made by the act; requiring the court to issue an order, separate from other judicial review order; amending s. 743.045, F.S.; removing the disability of nonage for certain youth in the legal custody of the Department of Children and Family Services who are in foster care; amending s. 409.903, F.S.; providing eligibility criteria

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for certain persons for medical assistance payments; providing an effective date.

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WHEREAS, in 2002, Florida was among only three other states and the District of Columbia to have the highest national child maltreatment rate, and

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WHEREAS, during 2002, 142,547 investigations of abuse or neglect, involving 254,856 children, were completed, approximately one-half of which were substantiated or indicated the presence of abuse or neglect, and

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WHEREAS, a Florida child is abused or neglected every 4 minutes and 10,000 Florida children are abused or neglected per month, and

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WHEREAS, in 2004, according to the Florida Child Abuse Death Review Team, at least 111 Florida children died from abuse or neglect at the hands of their parents or caretakers, an average rate of two dead children each week, and

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> WHEREAS, according to the Centers for Disease Control and Prevention, the cost of failing to prevent child abuse and neglect in 2001 equaled \$94 billion a year nationally, and

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WHEREAS, the direct costs of failing to prevent child abuse and neglect include the costs associated with the utilization of law enforcement services, the health care system, the mental health system, the child welfare system, and the judicial system, while the indirect costs include the provision of special education and mental health and health care, a rise in the incidence of juvenile delinquency, lost productivity to

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society, and adult criminality, and

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WHEREAS, although prevention of child maltreatment will save lives and conserve resources, and despite the potential long-term benefit of preventing child abuse and neglect, only a

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small percentage of all resources specifically earmarked for child maltreatment in the state are actually devoted to the prevention of child maltreatment, and

WHEREAS, the 2005-2006 General Appropriations Act provided a total funding of \$44 million for child abuse prevention and intervention to the Department of Children and Family Services, which amount represents less than 2 percent of the department's budget, and

WHEREAS, Healthy Families Florida is a community-based, voluntary home visiting program that received approximately \$28.4 million for the 2005-2006 fiscal year from the Department of Children and Family Services and contracts with 37 community-based organizations to provide services in targeted high-risk areas in 23 counties and to provide services in 30 total counties, and

WHEREAS, Healthy Families Florida participants had 20 percent less child maltreatment than all families in the Healthy Families Florida target service areas in spite of the fact that, in general, participants are at a significantly higher risk for child maltreatment than the overall population, and

WHEREAS, the Department of Children and Family Services, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, the Agency for Persons with Disabilities, and the Agency for Workforce Innovation all have programs that focus on primary and secondary prevention of child abuse and neglect, but there is no statewide coordination or single state agency responsible for oversight of these programs, and

WHEREAS, a statewide coordinated effort would result in better communication among agencies and provide for easier

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access and more efficiency in the delivery of abuse and neglect services in the communities, NOW, THEREFORE,

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Favorable w/Council/Committee Substitute Other Action: Temporarily Postponed Unfavorable Final Vote On Bill MEMBERS Yea Nay Bean Brandenburg Galvano H Gibson Harrell Homan Robaina Sobel Vana Benson, Chair Temporarily Postponed Unfavorable Temporarily Postponed Unfavorable	Counc	Meeting cil/Com Favoral	y Date: Place: Time: nittee Action	incil 25/0 21/40/ 20/A)	m	Date R	Retai	HB:			امر	
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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendments to HB 7215 Rural Health Care

These amendments remove fiscal impacts from the bill and incorporate changes worked out with the Senate. The amendments preserve existing statutory provisions for Rural Hospital Capital Improvement grants and implementation of Rural Health Networks.

Amendment 1, lines 164-192

Conforms language on an advisory council, and requires the Office of Rural Health to report to the Legislature and make recommendations to improve rural health care delivery.

Amendment 2, lines 193-518

Replaces Section 2 of the bill to incorporate House and Senate consensus language on implementation of rural health networks. It includes provisions for performance standards and grants to improve rural health infrastructure.

Amendment 2a, to amendment 2 by Rep. Robaina, line 265

Requires Rural Health Networks to contract with Health Planning Councils to support preparation of rural health network development plans.

Amendment 3, lines 708-791

Restores existing provisions for Rural Hospital Capital Improvement Grants, including the minimum \$100,000 support for each of the 30 rural hospitals in the state.

Amendment 4, lines 792-1056

Deletes sections 7 & 8 of the bill to remove provisions for receivership and the Trust Fund.

Amendment 5, lines 1091-1092

Removes language providing for the PSN grant program to administer the hospital capital improvement and financially distressed hospital programs and corrects a technical restriction on rural county participation in Rural Provider Service Network grants.

Amendment 6, lines 1153-1239

Removes the 10% bonus in Medicaid payments to rural physicians because of its fiscal impact.

Amendment 7, by Rep. Richardson, between 1295-1296

Establishes the Office of Minority Health in the Department of Health to address health disparities in the state, by coordinating existing efforts and promoting state and local initiatives.

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COUNCIL/COMMITTEE ACTION

ADOPTED _____(Y/N)
ADOPTED AS AMENDED _____(Y/N)
ADOPTED W/O OBJECTION _____(Y/N)
FAILED TO ADOPT _____(Y/N)
WITHDRAWN _____(Y/N)
OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 164-192 and insert:

Secretary of Health Care Administration shall each appoint no more than five members with relevant health care operations management, practice, and policy experience to an advisory council to advise the office regarding its responsibilities under this section and ss. 381.0406, 395.6061, and 395.6063.

Members must be appointed for 4-year staggered terms and may be reappointed to a second term of office. Members shall serve without compensation but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061. The council may appoint technical advisory teams as needed. The department shall provide staff and other administrative assistance reasonably necessary to assist the advisory council in carrying out its duties.

- thereafter, the Office of Rural Health shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives summarizing the activities of the office, including the grants obtained or administered by the office and the status of rural health networks and rural hospitals in the state. The report must also include recommendations for improvements in health care delivery in rural areas of the state.
- (8) (6) RESEARCH PUBLICATIONS AND SPECIAL STUDIES. -- The office shall:
 - (a) Conduct policy and research studies.
 - (b) Conduct health status studies of rural residents.
- (c) Collect relevant data on rural health care issues for use in department policy development.
- (9) (7) APPROPRIATION. -- The Legislature shall appropriate such sums as are necessary to support the Office of Rural Health.

============= T I T L E A M E N D M E N T =========

Remove line(s) 10-11 and insert:

requiring a report to the Governor and

Amendment No. (for drafter's use only)

Bill No. HB 7215

COUNCIL/COMMITTEE ACTION

ADOPTED _____(Y/N)
ADOPTED AS AMENDED _____(Y/N)
ADOPTED W/O OBJECTION _____(Y/N)
FAILED TO ADOPT ______(Y/N)
WITHDRAWN ______(Y/N)
OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 193-518 and insert:

Section 2. Section 381.0406, Florida Statutes, is amended to read:

381.0406 Rural health networks.--

- (1) LEGISLATIVE FINDINGS AND INTENT. --
- (a) The Legislature finds that, in rural areas, access to health care is limited and the quality of health care is negatively affected by inadequate financing, difficulty in recruiting and retaining skilled health professionals, and the because of a migration of patients to urban areas for general acute care and specialty services.
- (b) The Legislature further finds that the efficient and effective delivery of health care services in rural areas requires:
 - 1. The integration of public and private resources;
 - 2. The introduction of innovative outreach methods;

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- 3. The adoption of quality improvement and costeffectiveness measures;
- 4. The organization of health care providers into joint contracting entities;
 - 5. Establishing referral linkages;
- 6. The analysis of costs and services in order to prepare health care providers for prepaid and at-risk financing; and
 - 7. The coordination of health care providers.
- (c) The Legislature further finds that the availability of a continuum of quality health care services, including preventive, primary, secondary, tertiary, and long-term care, is essential to the economic and social vitality of rural communities.
- (d) The Legislature further finds that health care providers in rural areas are not prepared for market changes such as the introduction of managed care and capitationreimbursement methodologies into health care services.
- (e) (d) The Legislature further finds that the creation of rural health networks can help to alleviate these problems. Rural health networks shall act in the broad public interest and, to the extent possible, seek to improve the accessibility, quality, and cost-effectiveness of rural health care by planning, developing, coordinating, and providing be-structured to provide a continuum of quality health care services for rural residents through the cooperative efforts of rural health network members and other health care providers.
- (f) (e) The Legislature further finds that rural health networks shall have the goal of increasing the financial stability of statutory rural hospitals by linking rural hospital services to other services in a continuum of health care

Amendment No. ______ (for drafter's use only)

services and by increasing the utilization of statutory rural hospitals whenever for appropriate health care services whenever feasible, which shall help to ensure their survival and thereby support the economy and protect the health and safety of rural residents.

(g)(f) Finally, the Legislature finds that rural health networks may serve as "laboratories" to determine the best way of organizing rural health services and linking to out-of-area services that are not available locally in order, to move the state closer to ensuring that everyone has access to health care, and to promote cost containment efforts. The ultimate goal of rural health networks shall be to ensure that quality health care is available and efficiently delivered to all persons in rural areas.

- (2) DEFINITIONS.--
- (a) "Rural" means an area $\underline{\text{having with}}$ a population density of $\underline{\text{fewer less}}$ than 100 individuals per square mile or an area defined by the most recent United States Census as rural.
- (b) "Health care provider" means any individual, group, or entity, public or private, which that provides health care, including: preventive health care, primary health care, secondary and tertiary health care, hospital in hospital health care, public health care, and health promotion and education.
- (c) "Rural health network" or "network" means a nonprofit legal entity, whose members consist consisting of rural and urban health care providers and others, and which that is established organized to plan, develop, organize, and deliver health care services on a cooperative basis in a rural area, except for some secondary and tertiary care services.
 - (3) NETWORK MEMBERSHIP.--

- (a) Because each rural area is unique, with a different health care provider mix, health care provider membership may vary, but all networks shall include members that provide health promotion and disease-prevention services, public health services, comprehensive primary care, emergency medical care, and acute inpatient care.
- (b) Each county health department shall be a member of the rural health network whose service area includes the county in which the county health department is located. Federally qualified health centers and emergency medical services providers are encouraged to become members of the rural health networks in the areas in which their patients reside or receive services.
- (c) (4) Network membership shall be available to all health care providers in the network service area if, provided that they render care to all patients referred to them from other network members; comply with network quality assurance, quality improvement, and utilization-management and risk management requirements; and, abide by the terms and conditions of network provider agreements in paragraph (11)(c), and provide services at a rate or price equal to the rate or price negotiated by the network.
- (4)(5) NETWORK SERVICE AREAS.--Network service areas are do not required need to conform to local political boundaries or state administrative district boundaries. The geographic area of one rural health network, however, may not overlap the territory of any other rural health network.
 - (5) (6) NETWORK FUNCTIONS. -- Networks shall:

- (a) Seek to develop linkages with provisions for referral to tertiary inpatient care, specialty physician care, and to other services that are not available in rural service areas.
- (b) (7) Networks shall Make available health promotion, disease prevention, and primary care services, in order to improve the health status of rural residents and to contain health care costs.
- (8) Networks may have multiple points of entry, such as through private physicians, community health centers, county health departments, certified rural health clinics, hospitals, or other providers; or they may have a single point of entry.
- (c) (9) Encourage members through training and educational programs to adopt standards of care, and promote the evidence-based practice of medicine. Networks shall establish standard protocols, coordinate and share patient records, and develop patient information exchange systems in order to improve quality and access to services.
- (d) Develop quality-improvement programs and train network members and other health care providers in the use of such programs.
- (e) Develop disease-management systems and train network members and other health care providers in the use of such systems.
- (f) Promote outreach to areas with a high need for services.
- (g) Seek to develop community care alternatives for elders who would otherwise be placed in nursing homes.
- (h) Emphasize community care alternatives for persons with mental health and substance abuse disorders who are at risk of being admitted to an institution.

- 140 (i) Develop and implement a rural health infrastructure development plan for an integrated system of care that is 141 responsive to the unique local health needs and the area health 142 143 care services market. Each rural health infrastructure development plan must address strategies to improve access to 144 145 specialty care, train health care providers to use standards of care for chronic illness, develop disease-management capacity, 146 and link to state and national quality-improvement initiatives. 147 The initial development plan must be submitted to the Office of 148 Rural Health for review and approval no later than July 1, 2007, 149 150 and thereafter the plans must be updated and submitted to the Office of Rural Health every 3 years. 151
 - (10) Networks shall develop risk management and quality assurance programs for network providers.
 - (6) (11) NETWORK GOVERNANCE AND ORGANIZATION. --
 - (a) Networks shall be incorporated <u>as not-for-profit</u> corporations under <u>chapter 617</u>, with articles of incorporation that set forth purposes consistent with this section the laws of the state.
 - (b) Each network Networks shall have an independent a board of directors that derives membership from local government, health care providers, businesses, consumers, advocacy groups, and others. Boards of other community health care entities may not serve in whole as the board of a rural health network; however, some overlap of board membership with other community organizations is encouraged. Network staff must provide an annual orientation and strategic planning activity for board members.
 - (c) Network boards of directors shall have the responsibility of determining the content of health care

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members must specify participation in the essential functions of

agreements between the network and its health care provider

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the network and shall specify:

provider agreements that link network members.

- 2. The extent to which the health care provider provides care to persons who lack health insurance or are otherwise unable to pay for care.
 - 3. The procedures for transfer of medical records.
- 4. The method used for the transportation of patients between providers.
- 5. Referral and patient flow including appointments and scheduling.
- 6. Payment arrangements for the transfer or referral of patients.
- (d) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member of a network board of directors, or its employees or agents, for any lawful action taken by them in the performance of their administrative powers and duties under this subsection.
 - (7) (12) NETWORK PROVIDER MEMBER SERVICES. --
- develop services that provide for a continuum of care for all residents patients served by the network. Each network shall recruit members that can provide include the following core services: disease prevention, health promotion, comprehensive primary care, emergency medical care, and acute inpatient care. Each network shall seek to ensure the availability of comprehensive maternity care, including prenatal, delivery, and postpartum care for uncomplicated pregnancies, either directly,

	Amendment No (for drafter's use only)
200	by contract, or through referral agreements. Networks shall, to
201	the extent feasible, develop local services and linkages among
202	health care providers to also ensure the availability of the
203	following services: within the specified timeframes, either
204	directly, by contract, or through referral agreements:
205	1. Services available in the home.
206	1.a. Home health care.
207	2.b. Hospice care.
208	2. Services accessible within 30 minutes travel time or
209	less.
210	3.a. Emergency medical services, including advanced life
211	support, ambulance, and basic emergency room services.
212	4.b. Primary care, including.
213	e. prenatal and postpartum care for uncomplicated
214	pregnancies.
215	5.d. Community-based services for elders, such as adult
216	day care and assistance with activities of daily living.
217	6.e. Public health services, including communicable
218	disease control, disease prevention, health education, and
219	health promotion.
220	7.f. Outpatient mental health psychiatric and substance
221	abuse services.
222	3. Services accessible within 45 minutes travel time or
223	less.
224	8.a. Hospital acute inpatient care for persons whose
225	illnesses or medical problems are not severe.
226	9.b. Level I obstetrical care, which is Labor and delivery
227	for low-risk patients.
228	10.e. Skilled nursing services and, long-term care,
229	including nursing home care.

Amendment No. _____ (for drafter's use only)

- (b) Networks shall seek to foster linkages with out-ofarea services to the extent feasible to ensure the availability of:
 - 1.d. Dialysis.
 - 2.e. Osteopathic and chiropractic manipulative therapy.
 - 4. Services accessible within 2 hours travel time or less.
 - 3.a. Specialist physician care.
- 4.b. Hospital acute inpatient care for severe illnesses and medical problems.
- 5.c. Level II and III obstetrical care, which is Labor and delivery care for high-risk patients and neonatal intensive care.
 - 6.d. Comprehensive medical rehabilitation.
- 7.e. Inpatient mental health psychiatric and substance abuse services.
- <u>8.f.</u> Magnetic resonance imaging, lithotripter treatment, oncology, advanced radiology, and other technologically advanced services.
 - 9.g. Subacute care.
 - (8) COORDINATION WITH OTHER ENTITIES. --
- (a) Area health education centers and health planning councils shall participate in the rural health networks' preparation of development plans. The Department of Health may require written memoranda of agreement between a network and an area health education center or health planning council.
- (b) Rural health networks shall initiate activities, in coordination with area health education centers, to carry out the objectives of the adopted development plan, including continuing education for health care practitioners performing functions such as disease management, continuous quality

- (c) Health planning councils shall support the preparation of development plans through data collection and analysis in order to assess the health status of area residents and the capacity of local health services.
- (d) (b) Networks shall actively participate with area health education center programs, whenever feasible, in developing and implementing recruitment, training, and retention programs directed at positively influencing the supply and distribution of health care professionals serving in, or receiving training in, network areas.
- (c) As funds become available, networks shall emphasize community care alternatives for elders who would otherwise be placed in nursing homes.
- (d) To promote the most efficient use of resources, networks shall emphasize disease prevention, early diagnosis and treatment of medical problems, and community care alternatives for persons with mental health and substance abuse disorders who are at risk to be institutionalized.
- (e) (13) TRAUMA SERVICES.--In those network areas having which have an established trauma agency approved by the Department of Health, the network shall seek the participation of that trauma agency must be a participant in the network.

 Trauma services provided within the network area must comply with s. 395.405.
 - (9) (14) NETWORK FINANCING. --

prohibits networks from becoming managed care providers.

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(b) The Department of Health shall establish grant programs to provide funding to support the administrative costs of developing and operating rural health networks.

(a) Networks may use all sources of public and private

funds to support network activities. Nothing in this section

- (10) NETWORK PERFORMANCE STANDARDS.--The Department of

 Health shall develop and enforce performance standards for rural
 health network operations grants and rural health infrastructure
 development grants.
- (a) Operations grant performance standards must include, but are not limited to, standards that require the rural health network to:
- 1. Have a qualified board of directors that meets at least quarterly.
- 2. Have sufficient staff who have the qualifications and experience to perform the requirements of this section, as assessed by the Office of Rural Health, or a written plan to obtain such staff.
- 3. Comply with the department's grant-management standards in a timely and responsive manner.
- 4. Comply with the department's standards for the administration of federal grant funding, including assistance to rural hospitals.
- 5. Demonstrate a commitment to network activities from area health care providers and other stakeholders, as described in letters of support.
- (b) Rural health infrastructure development grant performance standards must include, but are not limited to, standards that require the rural health network to:

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

	1. During the 2006-2007	fiscal year develop a development
plan	and, after July 1, 2007,	have a development plan that has
been	reviewed and approved by	the Office of Rural Health.

- 2. Have two or more successful network-development activities, such as:
- a. Management of a network-development or outreach grant from the federal Office of Rural Health Policy;
- b. Implementation of outreach programs to address chronic disease, infant mortality, or assistance with prescription medication;
- c. Development of partnerships with community and faithbased organizations to address area health problems;
- d. Provision of direct services, such as clinics or mobile
 units;
- e. Operation of credentialing services for health care providers or quality-assurance and quality-improvement initiatives that, whenever possible, are consistent with state or federal quality initiatives;
- f. Support for the development of community health centers, local community health councils, federal designation as a rural critical access hospital, or comprehensive community health planning initiatives; and
- g. Development of the capacity to obtain federal, state, and foundation grants.
- $\underline{(11)}$ NETWORK IMPLEMENTATION.--As funds become available, networks shall be developed and implemented in two phases.
- (a) Phase I shall consist of a network planning and development grant program. Planning grants shall be used to organize networks, incorporate network boards, and develop

Amendment No. _____ (for drafter's use only)

formal provider agreements as provided for in this section. The Department of Health shall develop a request-for-proposal process to solicit grant applications.

Phase II shall consist of a network operations grant program. As funds become available, certified networks that meet performance standards shall be eligible to receive grant funds to be used to help defray the costs of rural health network infrastructure development, patient care, and network administration. Rural health network infrastructure development includes, but is not limited to: recruitment and retention of primary care practitioners; enhancements of primary care services through the use of mobile clinics; development of preventive health care programs; linkage of urban and rural health care systems; design and implementation of automated patient records, outcome measurement, quality assurance, and risk management systems; establishment of one-stop service delivery sites; upgrading of medical technology available to network providers; enhancement of emergency medical systems; enhancement of medical transportation; formation of joint contracting entities composed of rural physicians, rural hospitals, and other rural health care providers; establishment of comprehensive disease-management programs that meet Medicaid requirements; establishment of regional quality-improvement programs involving physicians and hospitals consistent with state and national initiatives; establishment of speciality networks connecting rural primary care physicians and urban specialists; development of regional broadband telecommunications systems that have the capacity to share patient information in a secure network, telemedicine, and longdistance learning capacity; and linkage between training

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	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No. $ 2 $ (for drafter's use only)
380	programs for health care practitioners and the delivery of
381	health care services in rural areas and development of
382	telecommunication capabilities. A Phase II award may occur in
383	the same fiscal year as a Phase I award.
384	(12) (16) CERTIFICATION For the purpose of certifying
385	networks that are eligible for Phase II funding, the Department
386	of Health shall certify networks that meet the criteria
387	delineated in this section and the rules governing rural health
388	networks. The Office of Rural Health in the Department of Health
389	shall monitor rural health networks in order to ensure continued
390	compliance with established certification and performance
391	standards.
392	(13) (17) RULESThe Department of Health shall establish
393	rules that govern the creation and certification of networks,
394	the provision of grant funds under Phase I and Phase II, and the
395	establishment of performance standards including establishing
396	outcome measures for networks.
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398	========= T I T L E A M E N D M E N T =========
399	Remove line(s) 24-25 and insert:
400	and health planning councils; establishing performance

standards; establishing a grant program for funding rural

Amendment No. 2α (for drafter's use only)

Bill No. HB 7215

COUNCIL/COMMITTEE ACTION

ADOPTED ____(Y/N)
ADOPTED AS AMENDED ____(Y/N)
ADOPTED W/O OBJECTION ____(Y/N)
FAILED TO ADOPT _____(Y/N)
WITHDRAWN ____(Y/N)

Council/Committee hearing bill: Health & Families Council

Representative(s) Robaina offered the following:

Amendment to Amendment 2 (with directory and title amendments)

Remove line(s) 265 and insert:

(c) Rural health networks shall contract with local health planning councils to support the preparation

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Bill No. **HB 7215**

COUNCIL/COMMITTEE ACTION

ADOPTED ____(Y/N)
ADOPTED AS AMENDED ____(Y/N)
ADOPTED W/O OBJECTION ____(Y/N)
FAILED TO ADOPT ____(Y/N)
WITHDRAWN ____(Y/N)
OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 708-791 and insert:

to the department for a <u>capital improvement</u> grant <u>to acquire</u>, <u>repair</u>, <u>improve</u>, <u>or upgrade systems</u>, <u>facilities</u>, <u>or equipment</u>. The grant application must provide information that includes:

- (a) A statement indicating the problem the rural hospital proposes to solve with the grant funds.+
 - (b) The strategy proposed to resolve the problem $_{.} au$
- (c) The organizational structure, financial system, and facilities that are essential to the proposed solution \div
- (d) The projected longevity of the proposed solution after the grant funds are expended. +
- (e) Evidence of participation in a rural health network as defined in s. 381.0406 and evidence that the application is consistent with the required rural health infrastructure development plan;

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- Evidence that the rural hospital has difficulty in obtaining funding or that funds available for the proposed solution are inadequate. +
- Evidence that the grant funds will assist in maintaining or returning the hospital to an economically stable condition or enable the transition to the status of rural primary care hospital or that any plan for closure of the hospital or realignment of services will involve development of innovative alternatives for the provision of needed $\frac{\mbox{\sc discontinued}}{\mbox{\sc discontinued}}$ services.+
- (h) Evidence of a satisfactory record-keeping system to account for grant fund expenditures within the rural county. +
- (i) A rural health network-plan that includes a description of how the plan was developed, the goals of the plan, the links with existing health care providers under the plan, Indicators quantifying the hospital's financial status well-being, measurable outcome targets, and the current physical and operational condition of the hospital.
- (3) (2) Each rural hospital as defined in s. 395.602 shall receive a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the Department of Health, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment.
- (4) (3) Any remaining funds shall annually be disbursed to rural hospitals in accordance with this section. The Department of Health shall establish, by rule, criteria for awarding grants for any remaining funds, which must be used exclusively for the support and assistance of rural hospitals as defined in s. 395.602, including criteria relating to the level of charity uncompensated care rendered by the hospital, the financial

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79 80 status of the hospital, the performance standards of the hospital, the participation in a rural health network as defined in s. 381.0406, and the proposed use of the grant by the rural hospital to resolve a specific problem. The department must consider any information submitted in an application for the grants in accordance with subsection (2) (1) in determining eligibility for and the amount of the grant, and none of the individual items of information by itself may be used to deny grant cligibility.

- (5) Financially distressed rural hospitals may receive preferential assistance under the capital improvement grant program to provide planning, management, and financial support. To receive this assistance the hospital must:
 - (a) Provide additional information that includes:
- 1. A statement of support from the board of directors of the hospital, the county commission, and the city commission.
- 2. Evidence that the rural hospital and the community have difficulty obtaining funding or that funds available for the proposed solution are inadequate.
- (b) Agree to be bound by the terms of a participation agreement with the agency, which may include:
- 1. The appointment of a health care expert under contract with the agency to analyze and monitor the hospital operations during the period of distress.
- 2. The establishment of minimum standards for the education and experience of the managers and administrators of the hospital.
- 3. The oversight and monitoring of a strategic plan to restore the hospital to an economically stable condition or transition to an alternative means to provide services.

- 4. The establishment of a board orientation and development program.
 - 5. The approval of any facility relocation plans.
- (6)(4) The department shall ensure that the funds are used solely for the purposes specified in this section. The total grants awarded pursuant to this section shall not exceed the amount appropriated for this program.

Remove line(s) 43-47 and insert:

; modifying the conditions for receiving a grant; establishing an assistance program within the department for financially distressed rural hospitals; providing purpose of the

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	Amendment No. (for drafter's use only) Bill No. HB 7215
	COUNCIL/COMMITTEE ACTION
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	ADOPTED W/O OBJECTION $\sqrt{(Y/N)}$
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	OTHER
1	Council/Committee hearing bill: Health & Families Council
2	Representative(s) Garcia offered the following:
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4	Amendment (with directory and title amendments)
5	Remove line(s) 792-1056
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7	========== T I T L E A M E N D M E N T =========
8	Remove line(s) 50-77 and insert:
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10	providing for contents thereof; creating s.

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Bill No. HB 7215

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	$\frac{(Y/N)}{(Y/N)}$
ADOPTED W/O OBJECTION	√ (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 1069-1113 and insert:

- (2) The agency is authorized to provide funding through a grant program to entities seeking to establish rural provider service networks that have demonstrated an interest and have experience in organizing rural health care providers for this purpose.
- (3) Entities eligible for rural provider service network development grants must:
- (a) Have a written agreement signed by prospective members, 45 percent of whom must be providers in the targeted service area.
- (b) Include all rural hospitals, at least one federally qualified health center, and one county health department located in the service area.
 - (c) Have a defined service area.
- (4) Each applicant for this funding shall provide the agency with a detailed written proposal that includes, at a

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	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No. 5 (for drafter's use only)
22	minimum, a statement of need; a defined purpose; identification
23	and explanation of the role of prospective partners; a signed
24	memorandum of agreement or similar document attesting to the
25	role of prospective partners; documented actions related to
26	provider service network development; measurable objectives for
27	the development of clinical and administrative infrastructure; a
28	process of evaluation; and a process for developing a business
29	plan and securing additional funding.
30	(5) The agency is authorized to grant preferential funding
31	to a rural provider service network based on the number of rural
32	counties within the network's proposed service area that are
33	Medically Underserved Areas or Health Professional Shortage
34	Areas as defined by the Health Resources Services
35	Administration, Office of Rural Health Policy, and based on
36	whether the provider service network has a principal place of
37	business located in a rural county in the state.
38	(6) The agency is granted authority to develop rules
39	pursuant to s. 120.53(1) and 120.54 necessary to implement this
40	section.

Remove line(s) 79-80 and insert:

Network Development Program; providing purposes; authorizing the agency to provide

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Amendment	No.	6	(for	drafter'	s	use	oura)

Bill No. HB 7215

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	- (Y/N)
ADOPTED W/O OBJECTION	$\bigvee (Y/N)$
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 1153-1239

Remove line(s) 84-87 and insert:

providers; authorizing the agency to adopt rules; amending ss. 408.07,

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Amendment to HB 7215 by Rep. Richardson

Amendment #7 establishes the Office of Minority Health in the Department of Health to address health disparities in the state, by coordinating existing efforts and promoting state and local initiatives.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. **7215**

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	$\frac{(Y/N)}{(Y/N)}$
ADOPTED W/O OBJECTION	<u>/</u> (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health & Families Council Representative(s) Richardson offered the following:

Amendment (with title amendment)

Between line(s) 1295 and 1296, insert:

Section 15. Section 381.7366, Florida Statutes, is created to read:

381.7366 Office of Minority Health; legislative intent; duties.--

- (1) LEGISLATIVE INTENT. -- The Legislature recognizes that despite significant investments in health care programs certain racial and ethnic populations suffer disproportionately with chronic diseases when compared to non-Hispanic whites. The Legislature intends to address these disparities by developing programs that target causal factors and recognize the specific health care needs of racial and ethnic minorities.
- (2) ORGANIZATION. -- The Office of Minority Health is established within the Department of Health. The office shall be headed by a director who shall report directly to the Secretary of Health.
 - (3) DUTIES. -- The office shall:

- 22 23
- (a) Protect and promote the health and well-being of racial and ethnic populations in the state.
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- (b) Focus on the issue of health disparities between racial and ethnic minority groups and the general population.
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- (c) Coordinate the department's initiatives, programs, and policies to address racial and ethnic health disparities.
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- (d) Communicate pertinent health information to affected racial and ethnic populations.
- (e) Collect and analyze data on the incidence and frequency of racial and ethnic health disparities.
- (f) Promote and encourage cultural competence education and training for healthcare professionals.
- (g) Serve as a clearinghouse for the collection and dissemination of information and research findings relating to innovative approaches to the reduction or elimination of health disparities.
- (h) Dedicate resources to increase public awareness of minority health issues.
- (i) Seek increased funding for local innovative initiatives and administer grants designed to support initiatives that address health disparities and that can be duplicated.
- (j) Provide staffing and support for the Closing the Gap grant advisory council.
- (k) Coordinate with other agencies, states, and the Federal Government to reduce or eliminate health disparities.
- (1) Collaborate with other public healthcare providers, community and faith-based organizations, the private healthcare system, historically black colleges and universities and other minority institutions of higher education, medical schools, and

Encourage and support research into causes of racial

- Collaborate with health professional training programs to increase the number of minority healthcare professionals.
- (o) Provide an annual report to the Governor, the President of the Senate, and the Speaker of the House of
- (4) RESPONSIBILITY AND COORDINATION. -- The office and the department shall direct and carry out the duties established under this section and shall work with other state agencies in

========== T I T L E A M E N D M E N T ==========

Remove line(s) 90 and insert: emergency care hospitals; creating s. 381.7366, F.S.; establishing the Office of Minority Health; providing legislative intent; providing for organization, duties, and responsibilities; requiring a report to the Governor and Legislature; providing an effective date.

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COUNCIL MEETING REPORT

Health & Families Council 4/25/2006 9:00:00AM

Location: Reed Hall (102 HOB)

Summary:

Health & Families Council

Tuesday April 25, 2006 09:00 am

HB 241 CS	Favorable	Yeas:	7	Nays:	0
HB 457 CS	Favorable	Yeas:	6	Nays:	0
HB 459 Fa	avorable	Yeas:	6	Nays:	0
HB 569 CS	Favorable	Yeas:	6	Nays:	0
HB 577 CS	Favorable With Committee Substitute	Yeas:	8	Nays:	0
HB 619 CS	Favorable With Committee Substitute	Yeas:	7	Nays:	0
HB 1623 CS	Favorable With Committee Substitute	Yeas:	7	Nays:	0
HB 7173 CS	Favorable With Committee Substitute	Yeas:	7	Nays:	0
HB 7215 F	avorable With Committee Substitute	Yeas:	6	Nays:	0

Print Date: 4/25/2006 11:13 am